



TESTIMONY

PRESENTED BY

**ROBERT W. FLETCHER  
NATIONAL COMMANDER  
AMERICAN EX-PRISONERS OF WAR**

BEFORE THE

**JOINT VETERANS AFFAIRS COMMITTEE**

MARCH 29, 2007

ACCOMPANIED BY

Charles A. Stenger, PhD  
Legislative Consultant

Les Jackson  
Executive Director

Charles M. Hill  
Sr. Vice Cmdr

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Chairman Akaka, Chairman Filner, Ranking Member Craig, Ranking Member Buyer, Distinguished Members of the Veterans Affairs Committees and Guests.

By way of introduction , I am Robert Fletcher, National Commander American Ex-Prisoners of War, a Korean War POW. I was held for nearly three years under extremely brutal, inhumane conditions, as were the more than 4,000 held captive with me. Like all POWs - whatever "our war"- I am as proud of my country today as I was during my captivity. That will never waiver!!

As you know, POWs have paid a high price in long-term health consequences as well as the more immediate damage to mind and body. Yet, POWs have always been reluctant to complain or seek benefits. For many years, they were virtually "invisible veterans" to VA or Congress.

Beginning with the greater publicity focused on Vietnam POWs and the research findings of the National Academy of Sciences and other bodies - Congress and VA began to correct this oversight. POWs have no medical records for the time of their confinement. Until Congress began establishing "POW presumptives", it was extremely difficult for an individual POW to prove health problems were related to captivity. The meaning of a POW presumptive is simply that if you had that condition it was presumed to be causally related to captivity. These presumptives have been a god-send for many POWs.

What's the problem today? POWs are now dying at a very high rate. There are only 20,000 still alive out of the nearly 140,000 captured in WWII to the present. Despite solid research documentation, two medical conditions, osteoporosis and diabetes, have not yet been acted upon by Congress. "Low priority for funding"- not factual evidence- was the reason given for Congressional inaction last year, the year before that and so on!

So today, there is very little time left to help POWs with these health problems. Clearly the conscience of the American people would support anything warranted. Isn't it time for Congress to act?

Supporting these two proposed presumptives is clearly justified and should have top priority. The current cost would be minimal due to the diminishing number of POWs still alive who might have these two medical problems. Also, only a small portion are likely to seek these benefits or are already rated 100% disabled due to other problems. There would be no additional cost factor.

We are again urging Congress to act now on these two long delayed presumptives. Will POWs who need this help be sacrificed for "other priorities" again this year?

In closing, I would urge each of you to become cosponsors of the bills introduced on our behalf. Representative Gus Bilirakis (R-FL) introduced H. R. 1197 and Senator Patty Murray (D-WA) introduced S. 848. Also, the continuing media publicity given to deficiencies in follow-up care for returning disabled veterans is a broader call for action from your committees as are the specific requests from Veterans Service Organizations. We support wholeheartedly all effort to give the surviving spouse of a military retiree the right to receive both SBP and DIC - the SBP has been paid for; the DIC is payable because the military retiree was rated for service connected disabilities. We have worked to assure that military retirees can receive both retirement pay and compensation for service connected disabilities. The surviving spouses deserve the same consideration. Thank you.